CHAIR REPORT AND APPROVAL OF MINUTES
Kim Moore, MD, Associate Chief Medical Director, CHI Franciscan (Chair) and Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

Motion: Approve 5/23/2019 and 6/15/2019 Minutes
Outcome: Passed with unanimous support

REVIEWING THE DRAFT CLINICAL PATHWAY
Group viewed the Draft Recommendations Risk of Violence – Violence Risk Management and discussed:

- What to do if patient is non-adherent to treatment
  - Group agreed to move bullets on non-adherence nearer the bottom of the list
  - The level of threat posed must be considered when choosing how to address non-adherence to treatment
    - Low to moderate risk, may discuss plans of increased engagement or cessation of services
    - Termination of therapeutic relationship must be documented

  Action Item: Kelli Nomura, MBA, Behavioral Health Administrator, King County, will share King County protocol for documenting attempted engagement

- Medication
Not all mental health providers are prescribers
  ▪ Would need to refer
May not be evidence that medication affects violence risk
Added “including medication, if indicated” to fist bullet of Violence Risk Management

- Group discussed adding gun storage
  ▪ Ian Harrel, MSW, Chief Operating Officer, Behavioral Health Resources, advised group members that making certain recommendations might make individual provider liable for something the system they are within does not have the resources to execute
    ▪ Mental health professionals may not know anything about guns
  ▪ Group decided instead to add “Added “lethal means and safety”
    ▪ Possible resources to include, Forefront and Safer Homes

- Removed “secure” and added, “attempt to” to recommendations to keep patients in acute crisis in a safe environment
  ▪ Not always possible to observe patient’s in a safe and secure environment
- As directors are not always available, changed recommendation to “consult with director” to “consult with clinical supervisor” and added “within a behavioral health organization”
  ▪ Added additional consultation option “at minimum with other independent mental health professional”
- Removed bullet, “Ensure the patient is connected to evidence-based follow-up treatment.”
  ▪ No evidence based treatment for violence risk
  ▪ Changed to recommendation for referral
- Added “with patient consent” to bullet about involving family members or support people
- Group discussed possibly missing pieces of risk management
  ▪ Possibly including safety planning for suicide
    ▪ There may be an analogous brief intervention for violence self-management
    ▪ Group members discussed anecdotal experience using safety planning for violence risk
      ▪ Identifying high risk situations and environments
        ▪ Challenge of lack of literature base

NEXT STEPS AND PUBLIC COMMENTS
Dr. Moore and Ms. Weir asked for public comments and thanked all for attending. The meeting adjourned.